Division of Health Care Facilities

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | TN1601 | A. BUILDING: 01 - MAIN BUILDING 01<br>B. WING _____ | 12/02/2013 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| HORIZON HEALTH AND REHAB CENTER | 811 KEYLON STREET<br>MANCHESTER, TN 37355 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|---|---|---|---|---|
| N 848 | 1200-8-6-.08 (18) Building Standards<br><br>(18) It shall be demonstrated through the submission of plans and specifications that in each nursing home a negative air pressure shall be maintained in the soiled utility area, toilet room, janitor ' s closet, dishwashing and other such soiled spaces, and a positive air pressure shall be maintained in all clean areas including, but not limited to, clean linen rooms and clean utility rooms.<br><br>This Rule is not met as evidenced by:<br>Based on observation, it was determined the facility failed to maintain a negative pressure in soiled utility areas.<br><br>The finding included:<br><br>Observation on 12/2/13 at 9:45 AM revealed the supply closet in the 400 hall did not have an exhaust. The closet contained a trash bin, soiled linen bin, and biohazard bin.<br><br>This finding was acknowledged by the maintenance director and the facility administrator during the exit conference on 12/2/13. | N 848 | **N 848 1200-9-6-,08 (18) Building Standards**<br><br>**How the corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.**<br><br>On 12/02/13, the trash, soiled-linen and Biohazard bins were permanently removed from the 400 hall storage closet and placed in the 400 hall shower room, on storage side.<br><br>**How the facility will identify other residents having the potential to be affected by the same deficient practice.**<br><br>All residents have the potential to be affected.<br><br>The Maintenance Director will be responsible for monitoring 400 hall closet and add 400 hall closet to weekly check list.<br><br>**What measure will be put in place or systemic changes made to ensure that the deficient practice will not occur.**<br><br>On 12/4/13, The Maintenance Director added the 400 hall closet area to Maintenance Facility Rounds Checklist to monitor the closet for proper storage items. | 12/2/13<br><br>12/4/13 |

Division of Health Care Facilities

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|---|---|
| Mike Ward, CEO | | 12/20/13 |



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Division of Health Care Facilities

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | TN1601 | A. BUILDING: _____ B. WING _____ | 12/04/2013 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| HORIZON HEALTH AND REHAB CENTER | 811 KEYLON STREET MANCHESTER, TN 37355 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|---|---|---|---|---|
| N 848 | | | **How the facility will monitor its corrective actions to ensure the deficient practice is being corrected and will not reoccur**<br><br>The Maintenance Director will bring 400 hall check list to the Quality Assurance Performance Improvement Committee meeting monthly, for (3) months and then PRN, if needed. The Quality Assurance Performance Improvement Committee members are the Administrator, Director of Nursing, Staff Development Coordinator, Social Services Director, Maintenance Director, Business Office Manager, Dietary Manager and the Medical Director. | |